

## ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

	ADMI	T CARD	Serial No: (ABVMUUP Office)
COURSE NAME	MD (Course Code: (MD In Immunohematolo	) Regular Exam gy and Blood Transfusi	Batch 2021-2022 on)
Name of College:		College Code	
Examination Center:			
Examination Roll No			Photograph Not less than 3.5 cm x 4.00 cm
ABVMUUP Enrollment No (Student ID No.)			Face Not less than 2 cm No Spectacles or Glass

### \*Example :- Do NOT Prefer Mr /Mrs / Miss

1. Name of Candidate [First Name, Middle Name, Last Name](In English): (In CAPITALS)\* Do not write Mr/Ms

2.	Fath	er's N	lame	: [Firs	t Nan	ne, M	iddle	Name	e, Las	t Nar	ne](In	i Engl	ish): (	(In C	APIT	ALS)	* Do	not v	vrite	Mr/Sl	nri		
3.	Moth	ner's l	Name	: [Fire	st Nar	me, N	liddle	Nam	e, La	st Na	me](Ir	n Eng	lish):	( In C	APIT	ALS	) * Do	not	write	Mrs/	Smt		
Γ																							

### (Is being permitted in the following Subjects)

1. Basic Sciences as applied to the subject Paper-I 2. Immunohematology, Immunogenetics, Transfusion transmitted infections, applied serology. Paper-II 3. Blood donor organization and management, blood components, ematology, Clinical transfusion practices Paper-III 4. Recent advances in the subject, Regulatory requirements, Quality management system, Information management, Automation. Paper-IV

### (Seal & Signature of the Principal)

(Signature of the Student)

### Instructions to Candidates

- Candidates will be allowed to enter the examination hall on production of Admit Card. 1.
- No candidate will be allowed to enter the examination centre 30 minutes after the commencement of the examination. 2. Candidate will be allowed to leave the examination hall only after 2 hours of the commencement of the examinations.
- 3. Candidates shall sign the attendance sheet when directed by invigilator(s).
- 4. Candidates shall not be allowed to carry any textural material printed or written matter or bits of paper or any other material except the admit card inside the examination hall. Papers, cellular phones, Bluetooth devices or any electronic scanning/transmission device are prohibited in the examination hail.
- 5. Candidates who indulge in any misdemeanor shall be deemed as misbehavior and the defaulting candidates shall forfeit the right to continue in the examination hall. The decision of the Chief invigilator shall be final.
- 6. No candidate should leave his/her seat in the examination hall without the permission of the invigilator until he/she finally submits the answer booklet to the invigilator.
- Candidate shall not leave any identification mark anywhere in the answer book. if any candidate put's any type of identification 7. mark on the answer book, then it will be considered as use of unfair means and suitable action will be taken as per rules.



### ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

# **EXAMINATION FORM**

Form No: (ABVMUUP Office)

EXAMINATION OF	MD (Course Code: ID In Immunohematole	, 0		ch 2021-2022
Name of College: Examination Center:		Со	llege Code	
Examination Roll No			(Not to	be filled by candidate)
ABVMUUP Enrollment No (Student ID No.)				
Sir, It is requested to kindly allow 2021-22		• •	e university exam	ination for the year
	(For Offi	ce Use)		
<ul><li>01. Basic Sciences as applied to th</li><li>02. Immunohematology, Immunog</li></ul>		ALLOWED/ NSU	FRESH PF	Colored Photograph

02. Immunohematology, Immunogenetics, Transfusion transmit ALLOWED/ NSU FRESH PF
03. Blood donor organization and management, blood compone ALLOWED/ NSU FRESH PF
04. Recent advances in the subject, Regulatory requirements, Q ALLOWED/ NSU FRESH PF
Paper-IV

Colored Photograph
Not less
than 3.5 cm x 4.00 cm
Face Not less
than 2 cm
No Spectacles or
Glass

### \*Example :- Do NOT Prefer Mr /Mrs / Miss

1. Name of Candidate [First Name, Middle Name, Last Name] (In English): (In CAPITALS) \* Do not write Mr/Ms

2. Father's Name: [First Name, Middle Name, Last Name](In English): (In CAPITALS) \* Do not write Mr/Shri

											1	
											1 1	
											1	
											1	

### 3. Mother's Name: [First Name, Middle Name, Last Name] (In English): (In CAPITALS) \* Do not write Mrs /Smt

Date (DD/MM/YYYY): \_\_\_\_\_

### (Signature of the Student)

<u>Certified that the Photograph, signature and student record have been checked by college and is correct</u> <u>The student is allowed to appear in the examination as indicated above.</u>

> Name of the Principal (Seal & Signature of the Principal)

(Counter Signature of Dean-ABVMUUP) (Medical/Dental/Nursing/Paramedical)



# ATAL BIHARI VAJPAYEE MEDICAL UNIVERSITY UTTAR PRADESH, LUCKNOW

		ENR	OLL	MEN	IT F	OR	Μ				Form (ABVI	<b>NO:</b> MUUP	Office	e)		
COURSE NAME	MD	(Cours	e Cod	e:	) Re	gula	r Ex	am			Bat	ch 2	021-	202	22	
(N	ID In Im	munohe	ematol	ogy a	nd B	lood	l Tra	Insfu	isio	n)						
Name of College:						(	Colle	ege (	Code	e	Γ					
Student Registration No. gi	ven by	College:									_		notogr			
ABVMUUP Enrollment No (Student ID No.)													ice No	cm		
												'	No Sp			or
*Example :- Do NOT Prefer Mr /Mrs / M	liss															
1. Name of Candidate [First Nam	ne, Middle I	Name, Last	Name](Ir	n Englisl	า): ( In	CAPIT	ALS )	* Do i	not wr	ite Mr	/Ms					
							,									
2. Father's Name: [First Name, Mic	ddle Name,	Last Name]	](In Engli	sh):(In	CAPIT	ALS)	* Do r	not wri	te Mr/	Shri						
3. Mother's Name: [First Name, Mi	ddle Name	, Last Name	e](In Engl	ish):(Ir	CAPI	TALS )	* Do	not wr	ite Mr	s/Smt		1	1	T		
4. Gender: (Male/Female/Other	) 5. Dat	te of Birth	(DD/MN	1/YYYY)	)	6. C	Date o	of Ad	miss	ion to	o abo	ove c	ourse	e (DI	)/MN	//YYY)
	/	/	/			٦ [		/	'		/					
7. Category (UR/OBC/SC/ST) 8	3. Religi	on						9. (	Conta	act N	о (М	obile	)			
								91					,			
10. Email ID ( Please write very	clearly in			s only)												
11. Permanent Address																
11. District		12.	State							13.	Pir	n Coc	le			
									_							
14. Aadhaar No			15	Na	ne of	Sele	ction	Boai	n Dr	ıalifv	ina F	- - yam	(60.0	FT	etc)	
			7					Doui					(cg c	, ,	010)	
16. Roll No of the Qualifying Examir	nation															
							. I									
Date (DD/MM/YYYY):	_									(Sign	naturo	e of t	he St	ude	nt)	
Cartified that the Dhatagraph ai	anotice	nd at d-	nt roa-	nd have	o h = =	nch		16			.d :-	00 ""	ot			

Certified that the Photograph, signature and student record have been checked by college and is correct